

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH**



June 19, 2013

Our Reference: DMH/SEH/PO/pas
Your Reference: Criminal Case Number
Report By: Pius O. Ojevwe, Psy.D.

Leon Smith (#928710)
2012 CF1 15365; PDID#: 535323

The Clerk, Criminal Division
Superior Court of the District of Columbia
500 Indiana Avenue, NW, Room 4110
Washington, D.C. 20001

Dear Sir or Madam:

We wish to call to your attention the case of Leon Smith, who was admitted to Saint Elizabeths Hospital by Court order on May 20, 2013 under the provisions of Title 24, Section 531.03 of the D.C. Code for mental examination, with report due on or before June 20, 2013, with a charge of Second Degree Murder pending.

On June 19, 2013, I, Pius O. Ojevwe, Psy.D., Clinical Psychologist, attempted to evaluate Mr. Smith's competency to proceed with his criminal case. He was lying on his bed in his bedroom when I approached him for the evaluation. I greeted him and introduced myself but he did not respond. I then informed him of the purpose and importance of the evaluation; however, Mr. Smith remained silent and would not engage with me. I further attempted to persuade him to cooperate with the evaluation at which point he angrily stated, "Get the fuck out; don't you see I'm sleeping? You're so disrespectful."

It is important to note that during the course of his present hospitalization, Mr. Smith has been largely uncooperative with nearly all aspects of his treatment with the exception of his psychotropic medications. According to Mr. Smith's treatment team, including his treating psychiatrist, clinical administrator, social worker, and registered nurse, coupled with a review of available medical records, since his current admission Mr. Smith has been largely evasive, mistrustful, dismissive, and uncooperative with clinical assessments. He sometimes complains of bizarre experiences such as auditory hallucinations, "paranoia," and intrusive nightmares, which he attributes to his early childhood disruptions/trauma. However, the treatment team staff has not observed any significant behavioral indications consistent with his reported symptoms.

Mr. Smith's treatment team staff further reported that his behaviors on the unit are usually organized and goal directed. His functional abilities, including his capacity to attend to activities of daily living, interaction with select peers, ability to communicate his needs, and playing video

games on the unit have observed to be unremarkable. However, he has been noted to be largely uncooperative with competency restoration groups offered at the Therapeutic Learning Center (TLC), oftentimes requesting to go back to his unit to use the telephone, and when redirected by staff he has become disruptive in therapeutic groups resulting in him being removed from the TLC and sent back to his unit. These maladaptive behaviors are believed by his treatment team to be willful, intentional, and characterologically based, rather than symptoms of an Axis I syndrome, such as a psychotic or major mood disorder.

In light of his questionable self-reported symptoms of mental illness, Mr. Smith was referred by his treatment team for psychological testing. He was only partially cooperative with the evaluation. On June 4 and 5, 2013, Mr. Smith refused to participate in psychological testing after he had previously agreed to cooperate. He eventually agreed to complete the testing on June 6, 2013, but only completed two standardized measures including the Test of Premorbid Functioning (TOPF) and the Structured Interview of Reported Symptoms, 2nd Edition (SIRS-II). The results of the SIRS-II suggest that Mr. Smith "endorsed an unexpectedly high proportion of symptoms associated with a major mental disorder," which have been inconsistent with his presentation and observations of him on the unit, and thus indicating the possibility of malingering.

During his most recent Interdisciplinary Recovery Plan meeting on June 18, 2013, Mr. Smith became notably angry and quarrelsome when his treatment team attempted to engage him and inquire about how to effectively address his treatment needs. He was described as "antagonistic, defensive, and argumentative," and thus making it difficult to fully ascertain the nature or extent of his purported clinical concerns.

Based on available data, Mr. Smith's lack of cooperation with the present evaluation and less than optimal compliance with other attempts to evaluate him appear to be intentional and this may be a willful attempt to avoid legal prosecution. Although he has been compliant with his prescribed psychotropic medications, he has continually reported no positive benefits and has refused to consider any adjustment to his treatment regimen.

In conclusion, because of Mr. Smith's lack of cooperation with the present evaluation, it was not possible to assess his factual and rational understanding of the proceedings against him. Therefore, an opinion regarding his competency to stand trial cannot be made at this time. Mr. Smith is currently diagnosed with Psychotic Disorder Not Otherwise Specified but the validity or appropriateness of this diagnosis is currently being reviewed by the treatment team. He is also diagnosed with Alcohol Abuse and Cannabis Abuse. He is currently prescribed medications for mood stabilization, nightmares, and his medical conditions. It is recommended that Mr. Smith remain hospitalized for further competency evaluation since an inpatient setting is necessary to provide appropriate treatment and further evaluation and he is unlikely to comply with outpatient competency restoration efforts.

Sincerely,

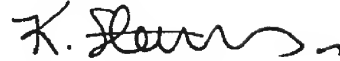


Pius Ojerwe, Psy.D.
Licensed Clinical Psychologist

SMITH, Leon -The Clerk, Criminal Division, Special Proceedings
The Superior Court of the District of Columbia

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Reviewed by:



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